SENATE No. 730

The Commonwealth of Massachusetts

PRESENTED BY:

Dean A. Tran

To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:

The undersigned legislators and/or citizens respectfully petition for the adoption of the accompanying bill:

An Act to require equitable access to behavioral health services for MassHealth consumers.

PETITION OF:

NAME:	DISTRICT/ADDRESS:	
Dean A. Tran	Worcester and Middlesex	
Shaunna L. O'Connell	3rd Bristol	2/1/2019

SENATE No. 730

By Mr. Tran, a petition (accompanied by bill, Senate, No. 730) of Dean A. Tran and Shaunna L. O'Connell for legislation to provide equitable access to behavorial health for MassHealth consumers. Health Care Financing.

[SIMILAR MATTER FILED IN PREVIOUS SESSION SEE SENATE, NO. 624 OF 2017-2018.]

The Commonwealth of Massachusetts

In the One Hundred and Ninety-First General Court (2019-2020)

An Act to require equitable access to behavioral health services for MassHealth consumers.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

- SECTION 1. Section 12 of chapter 118E of the General Laws, as appearing in the 2016
- 2 Official Edition, is hereby amended by inserting after the ninth paragraph the following two
- 3 paragraphs:-
- 4 The Division shall certify and ensure that all contracted accountable care organizations,
- 5 contracted health insurers, health plans, health maintenance organizations, and behavioral health
- 6 management firms and third party administrators under contract to a Medicaid managed care
- 7 organization or primary care clinician plan provide comparable access to behavioral health
- 8 services, benefits, and medications in providing medical assistance to recipients.

The Division shall obtain the approval of the Secretary of the Executive Office of Health and Human Services for all behavioral health services, benefits, and medications, including but not limited to policies, protocols, standards, contract specifications, utilization review and utilization management criteria and outcome measurements, used by all contracted accountable care organizations, contracted insurers, health plans, health maintenance organizations, behavioral health management firms and third party administrators under contract to a Medicaid managed care organization or primary care clinician plan.